



# COFFEY COUNTY LIBRARY CARD REGISTRATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ ~ Home Cell Work

Phone 2: (\_\_\_\_) \_\_\_\_\_ Home Cell Work

E-Mail Address: \_\_\_\_\_

I prefer to receive notification of holds, late notices, etc. by:

- E-mail
- Text message - Cell Phone Carrier is \_\_\_\_\_
- Phone & Mail

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender: M F

*If you are living here temporarily, please fill out the alternate address information below.*

Alternate Mailing Address: \_\_\_\_\_

Alternate City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Cell Work

I apply for the right to use **all materials and services** provided by the Library and agree to obey all its rules, to take good care of all materials I borrow, to pay all charges incurred, and to give prompt notice of change of address.

Patron Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If applicant is under 18, parent or guardian must sign on their behalf.*

Print Name \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

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Library Use Only

Barcode Number \_\_\_\_\_

Staff \_\_\_\_\_